

Agenda~First Friday Forum
New Holly Gathering Hall
03/04/2010 9:00-11:00

9:00-9:10	Introductions
9:10-9:30	Basic Health Updates Alyson Chase, Health Care Authority Alyson.Chase@HCA.WA.GOV (360) 923-2765
9:30-9:50	Disability LifeLine Scott Christofersen chrissh@dshs.wa.gov (253) 372-5854
09:50-10:00	DSHS Updates Karin Kramer Karin.kramer@dshs.wa.gov Dody McAlpine Dody.McAlpine@dshs.wa.gov Tina Hatley Tina.Hatley@dshs.wa.gov Hector Martinez Hector.Martinez@dshs.wa.gov Truong Hoang HoangTV@dshs.wa.gov
10:30-10:45	Janet Varon Northwest Health Law Advocates janet@nohla.org
10:50-11:00	Updates/Announcements

Thank you Molina for the meeting space!!
Thank you Community Health Plan for the Coffee!!!



***Health Care Access in the Washington Legislature:
February 2011 Early Action Budget Reductions Affecting Health Programs/Services***

On February 18, the Legislature passed an early action supplemental budget for the remainder of the biennium ending June 30, 2011. The chart below shows cuts made to publicly funded health programs and services in effect during this period. A biennial budget for July 2011-June 2013 has not yet been passed.

Program/Service	Status
HEALTH PROGRAMS	
Disability Lifeline (grant and medical)	Grant cut to approximately \$196/mo. – April 1 No medical cut
Children's Health Program (state program for immigrant children ineligible for Medicaid/CHIP)	Premiums for those between 200% and 300% of federal poverty level (FPL) will no longer be subsidized.
Basic Health	<u>March 1</u> : End enrollment for all those not covered by the federal Medicaid waiver for BH: immigrants except those in "federally qualified" statuses; those with countable income over 133% FPL (primarily those with unearned income); and those over age 65. <u>April 1</u> : Transfer all children on Basic Health to Apple Health for Kids.
HEALTH SERVICES – MEDICAID	
Phys./Occ./Speech Outpatient Rehabilitation - adult	Currently there are separate limits for physical, occupational, or speech therapy. These services will be combined into one rehabilitation benefit and the number of visits or units available will be limited for adults. Additional units may be granted in limited increments for certain surgeries or conditions. Effective date not specified.
Maternity Support Services for at-risk pregnant women to ensure positive birth outcomes	Reduce by 35% - March 1
Non-Emergency Dental Services - adults* (except for those with developmental disabilities)	Eliminated
Medicare Part D Copay Subsidy for Dual-eligible adults*	Eliminated
Hearing/Vision Aids - adults*	Eliminated
Podiatry - adults*	Eliminated
In-Home Personal Care Hours - adults*	10% cut
School-based medical services*	Eliminated
Interpreter services	Not eliminated
PROVIDERS AND PUBLIC HEALTH	
Significant cuts in payments to a variety of safety net health providers, institutions, public health and family planning programs.	

*Cuts implemented January 1, 2011 and continued



Basic Health "Qualified" Immigrant Statuses and Common Documents

Types of status considered "qualified"	Common documents showing status
Aliens lawfully admitted for permanent residence (LPRs)	<ul style="list-style-type: none"> * I-551 Lawful Permanent Resident card ("green card" or "mica") * Record of Admission for Lawful Permanent Residence * I-551 stamp in foreign passport or on I-94 card * Other documentation from USCIS showing approval for Lawful Permanent Residence
Refugees, admitted under INA §207	<ul style="list-style-type: none"> * Employment Authorization card with code 274a.12(a)(3) or A3 * I-94 with stamp of REFUG or codes RE1 or RE5 * Other documentation from USCIS showing admission as refugee
Persons granted asylum under INA	<ul style="list-style-type: none"> * Employment Authorization card with code 274a.12(a)(5) * I-94 with stamp of 208 or "ASYLEE" or AS-1 to AS-3 * Decision of Asylum Office or other documentation from USCIS showing grant of asylum * Order of U.S. Department of Justice/Board of Immigration Appeals granting asylum
Cuban and Haitian entrants	<ul style="list-style-type: none"> * I-94 with stamp of 212(d)(5) or "PIP" or "parole" or "Cuban Haitian entrant" * Other documentation from USCIS showing admission as Cuban Haitian entrant
Aliens granted parole for at least one year under INA §212(d)(5)	<ul style="list-style-type: none"> * Employment Authorization card with code 274a.12(c)(11) or C11 * I-94 with stamp of 212(d)(5) or "parole" or "PIP." * Other documentation from USCIS showing parole granted for at least one year
Aliens granted withholding of deportation or removal pursuant to INA §243(h) or §241(b)(3)	<ul style="list-style-type: none"> * Employment Authorization card with code 274a.12(a)(10) or A10 * I-94 with stamp of 243(g) or 241(b)(3) * Other documentation from USCIS showing grant of withholding or deportation or removal * Order of U.S. Department of Justice/Board of Immigration Appeals granting withholding of deportation or removal

Types of status considered "qualified"	Common documents showing status
<p>Aliens granted conditional entry under INA §203(a)(7)(in effect prior to April 1, 1980)</p>	<ul style="list-style-type: none"> * I-94 with stamp of 203(a) * Other documentation from USCIS showing grant of conditional entry under INA 203(a)(7)
<p>Abused spouses or children, parents of abused children, or children of abused spouses.</p> <p>Individual must no longer live with the abuser and must have one of the following:</p> <ul style="list-style-type: none"> (a) pending or approved I-130 (family visa) petition; (b) notice of "prima facie" approval of a pending self-petition under the Violence Against Women Act (VAWA); or (c) proof of pending application for suspension of deportation or cancellation of removal under VAWA. 	<ul style="list-style-type: none"> * Notice or receipt or approval of I-130 family visa petition * Notice of "prima facie" approval of pending VAWA self-petition * Notice of approval of VAWA self-petition * Proof of pending application for suspension of deportation or cancellation of removal under VAWA * Order of US Department of Justice or Board of Immigration Appeals granting suspension of deportation or cancellation of removal under VAWA
<p>Victims of a severe form of trafficking. (This includes individuals who have been certified or approved as victims of trafficking by the federal Office of Refugee Resettlement, and immediate family members.)</p>	<ul style="list-style-type: none"> * Certification letter from Health and Human Services * I-94 with code T-1 or T-2 * Employment Authorization Card with code 274a.12(a)(16) or A16 or 274a.12(c)(25) or C25 * Notice of receipt or approval of petition for T visa

Basic Health Disenrollment Information

First Friday Forum – March 4, 2011

New Eligibility Guidelines

- To be eligible for BH, you must:
- Be a Washington Resident;
 - Be a US Citizen or qualified non-resident;
 - Be between 19-64 years old;
 - Be between 0-133% of the Federal Income Guidelines;
 - Not be DSHS Medicaid eligible or be receiving DSHS medical services;
 - Not be eligible for free or purchased Medicare;
 - Not be institutionalized at the time of enrollment; and
 - Not be enrolled in the Washington Health Program.

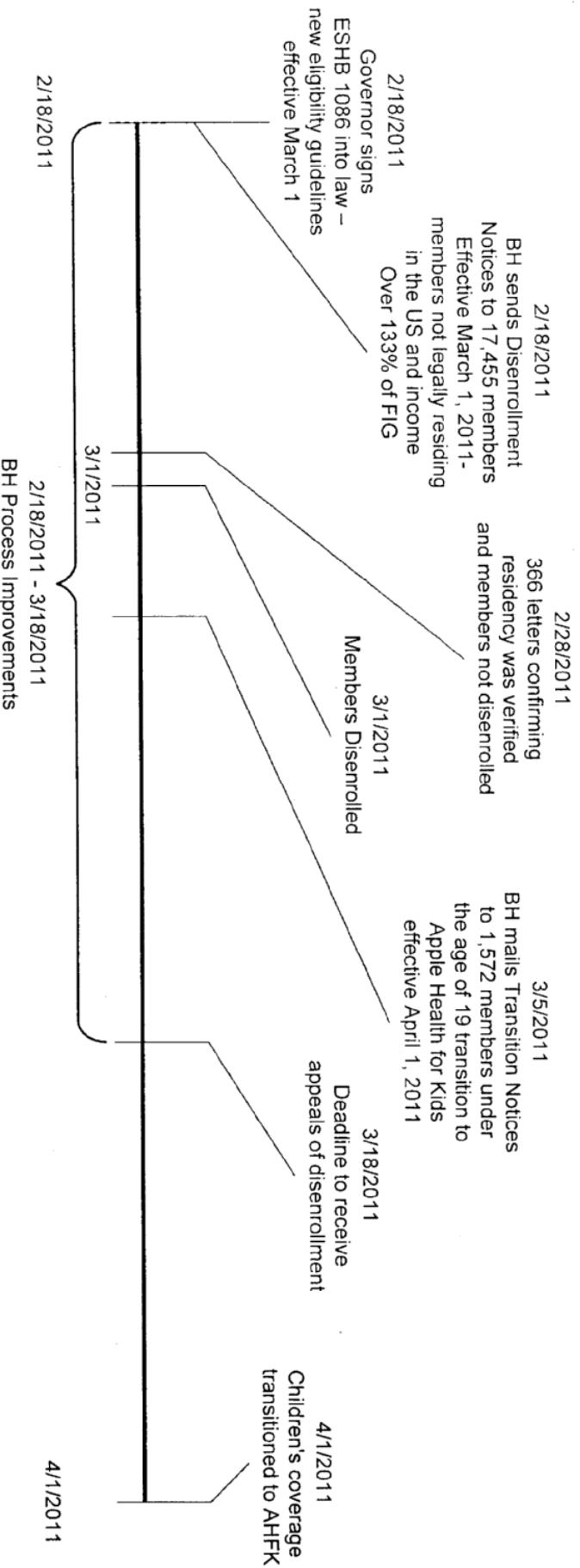
Other Coverage Options

- Washington Health
www.washingtonhealth.hca.wa.gov
1-800-660-9840
- DSHS Coverage
www.washingtonconnection.org
1-877-514-3663
- Apple Health for Kids –
<http://hrs.dshs.wa.gov/applehealth>
1-877-543-7669
- Washington Prescription Drug Program
www.rx.wa.gov
1-800-913-4146
- Other options
www.basichealth.hca.wa.gov/other_options.html

Examples of Proof of Citizenship/Immigration

- U.S. Birth Certificate
- U.S. Passport
- Birth Certificate for U.S. Citizen born abroad
- Certificate of Naturalization
- Green Card if physically entered the U.S. before 8/22/96 or if after 8/22/96, they have met the five year wait period

Note: If they don't have the above documentation, they should send what they do have and we will review it but cannot guarantee reinstatement.



How To Appeal Your Basic Health Disenrollment

The Washington Administrative Code, WAC 182-22-320, online at <http://apps.leg.wa.gov/wac/default.aspx?cite=182-22>, describes the appeal process.

To appeal the decision to stop your Basic Health benefits, you must send a letter to the Health Care Authority (HCA)¹. You must sign the letter and make sure that the HCA receives it at PO Box 42690, Olympia, WA 98504 **within 30 calendar days** after their decision. You may use the Basic Health appeal form available at <http://www.hca.wa.gov/basichealth/documents/25-107.pdf>. Make sure to include:

- Your name, mailing address, and BH account number, and the same information for any other person for whom you are appealing.
- A copy of the HCA notice that says you will lose your coverage. If you can't find that, state what decision you are appealing.
- A statement explaining why you believe the decision was incorrect, outlining the facts surrounding the decision and including documents that support your case.
- If you are not on the BH account, a signed agreement from the person you are appealing for authorizing you to act on his or her behalf, AND.
- Whether you want to participate by phone or in-person during the Initial HCA review.
- Whether you need an interpreter or assistance due to a disability

The HCA will give your appeal "priority handling" if losing BH coverage will result in an "urgent medical need" that could seriously jeopardize health, your letter of appeal clearly states that fact, AND the HCA receives your appeal within 10 business days after the date your coverage will end. Otherwise, HCA has up to 60 days after receiving your appeal to send you a written decision.

Continuing enrollment in Basic Health during your appeal

When appealing a disenrollment, you may remain enrolled during the appeal process, if:

- Your request for appeal meets all of the requirements listed above;
- You remain otherwise eligible;
- You continue to make all premium payments when due; AND

¹ To appeal a decision regarding a child enrolled in BHP Plus or a woman receiving maternity benefits through medical assistance, members should contact their local Department of Social and Health Services (DSHS) Community Service Office to request a fair hearing.

- You have not demonstrated a danger or threat to the safety or property of HCA staff, providers, patients or visitors.

Contact HCA after you request an appeal to make sure you get back on BH pending the appeal. If you lose your appeal, Basic Health may ask you to pay for the services you received while appealing.

What happens after you appeal

HCA will send you a notice confirming that they received the appeal and letting you know when to expect a decision. HCA's review process includes two stages:

(1) Initial HCA decision:

An HCA appeals committee or a presiding officer will review and decide your appeal. If your appeal letter requested, you may request to be present in person or by telephone. If not, the HCA will decide the appeal based on the information and documents submitted and send you a written notice of the decision. The notice should include the reasons for the initial decision and instructions on further appeal rights.

(2) Review of Initial HCA decision:

The initial HCA decision becomes final unless the HCA receives a valid request for review. Your request may be either verbal or in writing, but HCA must receive it within 30 days after their Initial Decision. You must:

- Include a summary of the initial decision being appealed and state why you believe the decision was incorrect; and
- Provide any additional information or documentation that you would like considered.

A presiding officer designated by the HCA will do the review. The officer will base the decision on the records and documents submitted, unless he or she decides that an in-person or telephone hearing is needed. He or she will decide whether to conduct the hearing informally or formally. For general advice about hearings, see [Representing Yourself at a Fair Hearing](#) and [Basic Tips on How to Prepare for a Court Hearing or Trial](#), both on-line at www.washingtonlawhelp.org. The officer must send you a written decision within 21 days after receiving your request, unless he or she finds that he or she needs more time.

Review in Court

If you disagree with the HCA review decision, you have 30 days after receiving it to file a request for judicial review. The laws for judicial review are in the Revised Code of Washington, RCW [34.05](#), on-line at <http://apps.leg.wa.gov/rcw/default.aspx?cite=34.05>.